

PROBATION DEPARTMENT

COUNTY GOVERNMENT CENTER • SAN LUIS OBISPO, CALIFORNIA 93408



PROBATION REFERRAL INSTRUCTIONS

This packet includes the following:

1. **Appointment Card** with a date and time scheduled for you to return for an interview with a probation officer. Please arrive for this appointment on time. If you fail to make this appointment, the court will be notified by memorandum. If you are unable to return as scheduled due to illness, or other reasonable excuse, please call Probation at (805) 781-5300 to reschedule.
2. **Probation Questionnaire** which you will need to complete and submit to Probation at the time of your scheduled appointment.
3. **Financial Form** to be filled out by you completely and **mailed** to Probation within **7 days**. If you fail to return this form, you may be charged the maximum amount of Probation Fees. *****Please include supporting documents, i.e. recent pay stub(s), tax return, bank statements, etc.*****

If you have any questions, please contact Kim Fellows, Supervising Deputy Probation Officer at (805) 781-5337.



PROBATION DEPARTMENT

SAN LUIS OBISPO COUNTY

"Protection, Service, Accountability"

APPT. DATE: _____

APPT. TIME: _____

COUNTY GOVERNMENT CENTER
SAN LUIS OBISPO, CA 93408
(2176 JOHNSON AVENUE) ADULT PROBATION
(1065 KANSAS AVENUE) JUVENILE HALL

(805) 781-5300
FAX (805) 781-1231

JURT _____ DATE _____

San Luis Obispo County
PROBATION DEPARTMENT
Questionnaire

Name _____ Maiden Name _____
Address _____ Phone _____
Social Security _____ Driver License # _____
Charge _____ CII # _____
Attorney _____ (DAYS IN CUSTODY) _____ FBI # _____

Age _____ Birthdate _____ Birthplace _____ Race or Color _____ Sex _____
Height _____ Weight _____ Hair _____ Eyes _____ Scars _____
Citizenship _____ Yrs. in S.L.O. Co. _____ Yrs. in Calif. _____
Health Problems _____ Hobbies _____
Religion _____ Alcohol _____ Narcotics _____
Education _____ Age left school _____ Special Training _____
Military History _____ (BRANCH OF SERVICE) _____ (DATES) _____ (RANK) _____ (TYPE OF DISCHARGE) _____

FAMILY HISTORY

Father's Name _____ Age _____ Mother's Name _____ (MAIDEN NAME) _____ Age _____
Address _____ Phone # _____ Address _____ Phone # _____
Birthplace _____ Birthplace _____
Occupation _____ Occupation _____
Date deceased _____ Cause _____ Date deceased _____ Cause _____
Stepfather's Name _____ Phone # _____ Stepmother's Name _____ Phone # _____

Criminal Record of Relatives _____
History of Mental Illness _____

FAMILY REFERENCES

(BROTHERS, SISTERS, AUNTS, UNCLES, ETC.)

Name	Present Address	Phone #	Age	Occupation or School

List Three Close Friends (Name, Address, Phone # on Back of Form.)

MARITAL HISTORY

Present _____ Date & Place _____
Spouse _____ (MAIDEN NAME) _____ Address _____ Married _____
Previous Marriages _____
(Maiden or Remarried Name) _____ Address _____ Phone # _____ Date & Place Married _____ Date Terminated _____

CHILDREN

Name or AKA	Present Address	Phone #	Age	Occupation or School

FINANCIAL DATA

House Rent/Payment _____ Auto Payment _____ Other _____
Investments _____ Savings _____ Property _____
Present Total Income _____ Sources _____

EMPLOYMENT HISTORY

(PAST 5 YEARS)

Employer	From/To	Address	Phone #	Position	Wage

PLEASE USE BACK OF FORM IF ADDITIONAL SPACE IS REQUIRED.

I swear and affirm.

SAN LUIS OBISPO COUNTY PROBATION DEPARTMENT

COUNTY GOVERNMENT CENTER
2176 Johnson Avenue
San Luis Obispo, California 93408

MONTHLY REPORT

DPO _____

DATE _____

ADDRESS CHANGE ☐

DATE OF BIRTH _____

Phone _____

(Please Print)

NAME OF YOUR PROBATION OFFICER _____

Return this form by the 5th of each month

Name _____

Street Address _____

Street

City

State

Zip

Mailing Address (if different) _____

Street

City

State

Zip

Name of persons with whom you are living? _____ Relationship: _____

School Attending _____

Employer _____ Date Began _____ Full Time _____ Part Time _____

Is probation status known to employer? _____ Business Phone _____

Type of work _____ Last month I earned \$ _____

Other income _____ Amount per Month _____

(Social Security, Welfare, Disability, Unemployment)

Year, Make and License Plate Number of your car _____

Contact, Arrest or Citation since last report Yes _____ No _____ Agency _____

Date _____ Charges _____

Court hearing date _____ Sentence _____

Have you made a fine or restitution payment during the past month? _____ If yes, how much? \$ _____

If you were ordered to attend counseling, are you attending? _____ With whom? _____

Date started: _____ Date completed: _____

If you were ordered to do Community Work Service, how many hours did you do this month? _____

SEND PAYMENTS BY CASHIERS CHECK OR MONEY ORDER; RETURNED CHECKS HAVE \$30.00 FEE.

Make all payments payable to: **Chief Probation Officer**

Comments: _____

Amount enclosed \$ _____ I need more forms ☐

Signature _____